Total Pages

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE **UTILITY PATENT APPLICATION TRANSMITTAL**

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: Roger Dahl et al. TITLE: IMPROVED SYSTEM FOR PROVIDING ELECTRICAL STIMULATION TO A LEFT CHAMBER OF A HEART

JC966 U.S. PTO 12/28/01 CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope

> Molly Chlebeck Printed Name

Commissioner for Patents **BOX PATENT APPLICATION** Washington, D.C. 20231

	Sir:							
X	Patent	We are transmitting herewith the attached: Application Transmittal						
		Specification:						
	•	Total pages: 22 (including claims and abstract: Spec. 15 sheets; Claims 6 sheets; Abstract 1						
Ëx	Drawin	gs:						
TX TX		Total sheets: 8 informal						
		Combined Declaration and Power of Attorney:						
3	\boxtimes	unexecuted						
J		copy from prior application Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b) Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or						
= <u></u>								
ij 11		declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.						
- 								
X	Accom	ompanying application parts:						
	H	Notification of filing a Assignment of the Invention to Medtronic, Inc.						
	Ħ	Assignment cover sheet Information Disclosure Statement PTO Form 1449 Copies of IDS citations Preliminary Amendment A copy of the Petition or Conditional Petition for Extension of Time in the prior application. Return Postcard						
	Ц							
	H							
	×							
IF A CO	NTINUIN	IG APPLICATION:						
		Continuation Divisional Continuation-in-part (CIP) of prior application No						
		Amend the specification by inserting before the first line the sentence: This application is a continuation division continuation in part, filed						
		Cancel in this application original claimsof the prior application before calculating the filing fee. (At least the original independent claim must be retained for filing purposes.)						
		The prior application is assigned of record to Medtronic, Inc.						
		The Power of Attorney in the prior application is to:						

Address all future correspondence to:

Beth L. McMahon, Reg. No. 41,987

Medtronic, Inc., MS 301 710 Medtronic Parkway

Mailstop LC340

Minneapolis, Minnesota 55432 Telephone: (763) 514-3066 Facsimile: (763) 505-2530

FEE CALCULATION	No. of Claims Filed	Claims Inclu Base Fee	uded in	No. of Extra Claims	Rate	Fee
Total Claims	44	20	=	24	x 18	\$432.00
Independent Claims	3	3	=	0	x 84	
Multiple Dependent Claims				0	+ 280	
Basic Filing Fee				_		\$740.00
		· •			TOTAL	\$1,172.00

Charge Deposit Account No. 13-2546 the amount of \$1,172.00.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

overpayment to Deposit

Beth L. McMahon, Reg. No. 41,987

MEDTRONIC, INC.

7000 Central Avenue N.E. Minneapolis, Minnesota 55432 Telephone: (763) 514-3066